

DEPARTMENT OF THE TREASURY - BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
APPLICATION FOR AMENDED BASIC PERMIT UNDER FEDERAL ALCOHOL ADMINISTRATION ACT

(Prepare in duplicate except for permittee in Puerto Rico who shall prepare in triplicate.)

(See Paperwork Reduction Act Notice on Reverse)

TO: Regional Director (Compliance)
 Bureau of Alcohol, Tobacco and Firearms


(City and State)

NAME AND ADDRESS (Number and Street, City or Town, County, State, ZIP Code) OF PERMITTEE

NUMBER OF BASIC PERMIT

DATE OF BASIC PERMIT

REASON FOR CHANGE

| | | | | | |
|---|--|------------------|--|---|--|
| 1. Change in Place of Business Address | FROM (Number and Street or Route, City or Town, County, State, ZIP Code) | | TO (Number and Street or Route, City or Town, County, State, ZIP Code) ¹ | | |
| | PREMISES OF NEW PLACE OF BUSINESS ARE <input type="checkbox"/> OWNED BY PERMITTEE | | <input type="checkbox"/> LEASED BY PERMITTEE | | |
| | DATE OF CHANGE | | | | |
| | If new place  | DATE OF LEASE | | NAME AND ADDRESS (Number and Street, City or Town, County, State, ZIP Code) OF OWNER OF NEW PREMISES (lessor) | |
| | | NO. YEARS LEASED | NO. MONTHS LEASED | | |
| is leased | AMOUNT OF RENTAL \$ _____ PER <input type="checkbox"/> MO. <input type="checkbox"/> YEAR | | HAS SPECIAL TAX STAMP BEEN FORWARDED WITH FORM 5630.5 FOR AMENDMENT? ² <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| 2. Addition of Trade Name | TRADE NAME OR TRADE NAMES TO BE ADDED AND THE REASONS THE APPLICANT DESIRES TO USE SUCH NAME OR NAMES ³ | | | | |
| 3. Change in Name of Permittee | FROM | | | | |
| | TO ³ | | | | |
| 4. Other (Specify) | | | | | |

Permit to be amended must be attached to this application

The permittee agrees, by accepting the amended basic permit applied for in this application, that its issuance shall not relieve him or any liability previously incurred.

All data, written statements, affidavits, evidence, or other documents previously filed, and those submitted in support of this application, or upon any hearing, shall be deemed to be a part of this application.

Under penalties of perjury, I declare that I have examined this application, including accompanying statements, and to the best of my knowledge and belief, it is true, correct and complete.

DATE

PERMITTEE (Trade or corporate name if any)

SIGNED BY (Signature and Title)

¹ If the new address does not reflect the location of the premises, show additional information sufficient to identify its physical location.

² A permittee must submit this special tax stamp with an amended special tax return on Form 5630.5 to ATF at the address shown on the tax return within 30 days of the date of a change in address.

³ If State law requires registration of trade name, appropriate proof of compliance with such law must accompany application. If state law does not require registration of trade name, a statement to that effect must be submitted in duplicate. If corporate name is changed, certified copy of amended Articles of Incorporation must be furnished.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1980. The information collection is used to determine the eligibility of the applicant to engage in certain operation, to determine location and extent of operations, and to determine whether the operations will be in conformity with Federal laws and regulations. The information requested is required to obtain a benefit and is mandatory by statute (27 U.S.C. 203 and 204(c)).

The estimated average burden associated with this collection of information is 1 hour per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Information Programs Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, D.C. 20226, and the Office of Management and Budget, Paperwork Reduction Project (1512-0090), Washington, D.C. 20503.